



## Attention Providers!

Effective October 1, 2006, Medicare will only generate Health Insurance Portability and Accountability Act (HIPAA) compliant remittance advice transactions -- 835 version 004010A1—to all electronic remittance advice receivers. For more details, see MLN Matters article SE0656 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0656.pdf>.

MLN Matters Number: MM5210

Related Change Request (CR) #: 5210

Related CR Release Date: September 1, 2006

Effective Date: December 1, 2006

Related CR Transmittal #: R1046CP

Implementation Date: December 1, 2006

## MMA - Independent Laboratory Billing for the Technical Component (TC) of Physician Pathology Services

### Provider Types Affected

Independent laboratories that bill Medicare carriers

### Impact of CR5210 on Independent Laboratories

Independent laboratories may not bill for the Technical Component (TC) of physician pathology services furnished to a patient of a hospital after December 31, 2006.

### Background

In CR5210, the Centers for Medicare & Medicaid Services' (CMS) proposes to implement the 1999 final physician fee schedule regulations (at 42 CFR § 415.130).



Prior to this proposal, any independent laboratory could bill the carrier under the physician fee schedule for the TC of physician pathology services for hospital inpatients.

Section 732 of the Medicare Modernization Act (MMA) extended, for 2005 and 2006, the provision of section 542 of the Benefits Improvement Act of 2000 (BIPA)

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that allowed certain independent laboratories to bill under the physician fee schedule for the technical component of physician pathology services furnished to patients of a covered hospital.

CR5210 instructs Medicare carriers to **notify all independent laboratories that they may no longer bill** for these services after the MMA provision expires on December 31, 2006.

## Implementation

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The implementation date for this instruction is December 1, 2006.

## Additional Information

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To review the related article that extended the provision of Section 542 of the Benefits Improvement Protection Act of 200 (BIPA) for services furnished in 2005 and 2006 go to

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3467.pdf> on the CMS web site.

The official instructions, CR 5210, issued to your Medicare carrier regarding this change can be found at

<http://www.cms.hhs.gov/Transmittals/downloads/R1046CP.pdf> on the CMS website.

If you have questions, please contact your Medicare carrier at their toll-free number which may be found at:

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS web site.

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